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ABSTRACT

This research study investigates the perceptions of a low income population in North Nashville, Tennessee. The specific purposes were to describe demographic and social-psychological characteristics of the population, as well as the population's perceptions and knowledge of health problems and facilities. The information was collected through interviews. A random sample of households was selected, and 108 interviews were completed (88 Negro and 20 white households). The Negro and Caucasian groups within the sample were shown to have rather different demographic characteristics; the Negro group, for example, was somewhat younger and slightly larger. The two groups were also found to report different patterns of health problems and treatment sought; the frequency of reported health problems, for example, was higher for whites. In both groups, health problems were most frequently attributed to unknown causes. The treatment of choice was to consult a physician. Payment by the individual for treatment was more likely for those in higher occupational levels, from 20 to 40 years old, and Negroes. Behavior in response to perceived health problems can be viewed as reflective of the responses and alternatives available to people. [Not available in hard copy due to marginal legibility of original document.] (Author/JW)

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IMRID Behavioral Science Monograph No. 8

THE NORTH NASHVILLE HEALTH STUDY: RESEARCH INTO THE CULTURE OF THE DEPRIVED

by
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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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and
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PREFACE

This is a sociological study which gives an exciting glimpse into the health related facets of the lives of a group of 323 people who make up 108 families living in and representing an inner-city pocket of poverty. This twenty-odd square miles in Nashville is largely run down with over half the dwellings in a state of ill repair. The area includes much of the worst of downtown Nashville -- wholesale and warehouse areas with the usual railway lines, livestock processing plants and farmers' markets. On the positive side, and what probably makes this area different from typical inner-city slums, is the fact that the area includes two medical schools and teaching hospitals plus two large church-sponsored general hospitals, not to mention a large new public health center on its western fringe.

What are the health problems, practices and knowledge of people living in this tract? Drs. Mercer and Newbrough, plus their staff, interviewed these 108 families to find answers to this question. They amassed a rich load of information which should be invaluable, not only to the Meharry Medical College as a basis for expanding its community health service, but also more generally to the fields of sociology and medicine. It is heartening to find examples such as this of professions and agencies developing programs based upon scientific evidence rather than beliefs and suppositions.

While there is clear evidence that the sample is poorly educated, poorly housed and poorly financed, they do appear to be less disadvantaged in terms of health services. The average incidence of health problems was 1.4 per household per year. When problems arose, they went to the

physicians and hospitals rather than rely on healers, home remedies and patent medicines dispensed by the local druggist. It was interesting to note that 62 percent of the Negroes in contrast to only 26 percent of the whites paid for medical services from their own resources. In examining the nature of the population, one discovers that there were fewer children and more old folks among the limited sample of Caucasian families. This may well indicate that Medicare is having its effects.

The persons interviewed in this study were not as aware of public health services, including child care centers, as one would wish. (Whether a sample of individuals of higher socio-economic class in the community would be better informed cannot be answered from this study since no contrast group was interviewed.) Investigators found people to be quite knowledgeable about the availability of the teaching and church-affiliated hospitals in the community and used them a good deal, especially in emergencies. They also saw the church as a place to go for help in times of illness. One would wish especially that the people were better apprised of health services in the community supported by the taxpayer. As Mercer and Newbrough point out, equally as important as setting up health services, is an effective program to inform the people about these services and their availability. Clearly health education is a community and professional responsibility and probably cannot be done alone at school with only school-aged children involved.

Finally, this investigation is a landmark in cooperation. It involved two major units in the Nashville University Center in that the study was carried out under a contract between Peabody College and the Meharry Medical College. Too, it involved cooperation between two units

of Peabody's John F. Kennedy Center for Research on Education and Human Development, namely the Center for Community Studies and the Institute on Mental Retardation and Intellectual Development. More important is the fact that the study involved the collaborative efforts of persons in Sociology, Psychology and Medicine. As is almost always the case, the success of this project rests on the professional and personal qualities of its co-directors, Dr. Mercer and Dr. Newbrough.

Lloyd M. Dunn, Ph.D.
Director, IMRID

Background and Acknowledgements

The project reported here was carried out under a contract between Meharry Medical College and the Center for Community Studies, an affiliate of the John F. Kennedy Center, Peabody College. The Center for Community Studies and the Institute on Mental Retardation and Intellectual Development joined forces to conduct the project. It was designed to collect information about the perceived health problems of a population in North Nashville and the treatment which the people sought. From this can be derived estimates of amount of illness and infirmity which the people experience. These estimates, coupled with views about resources for help, focus areas of emphasis which might be required in an outreach or public education program of a neighborhood health program.

The directors of the project wish to acknowledge with appreciation the assistance of the staff and the interest and support of the cooperating agencies. Staff for the project were:

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Mrs. Shackelford provided invaluable aid with all phases of the study including supervision of personnel, data analysis and preparation of the manuscript.

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THE NORTH NASHVILLE HEALTH STUDY:

RESEARCH INTO THE CULTURE OF THE DEPRIVED

"North Nashville" is an area of approximately two hundred city blocks or twenty odd square miles which, by almost any standard criteria, is a poverty area. For example, in 1960 only one-third of the population 25 years old and over had more than an eighth grade education;[1] one-half of the occupied dwelling units were classified as "deteriorating" or "dilapidated";[2] and over sixty percent of the families of the area had an income of less than $3,000 a year.[3] Included in the vast array of problems which are found in such areas are conditions which are not conducive to good health; limited knowledge of appropriate behavior to adopt in reaction to health problems; and inadequate resources and facilities for the proper handling of such problems. In response to this situation, Meharry Medical College of Nashville is planning community health services which will serve this area of Nashville.

In planning any ameliorative program the three most common types of information used deal with (1) an objective description of the current state of the problem, (2) a projected ideal state and, finally, (3) some reasonable series of activities which will help to change the present into the ideal. For many programs this is sufficient, particularly if the perception of the present state held by the planners is shared by the population to be benefitted or if implementation can be

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1. U. S. Census of Population and Housing: 1960. Unpublished Enumeration District Tabulations.
2. Ibid.
3. Ibid.

accomplished with an element of coercion. When such programs are built on an assumption of shared perception or voluntary utilization by the population, a fourth type of information should be included in the planning.

This fourth category involves an empirical assessment of the population's perception of the problem and, if this perception is not similar to that held by the planners, the current state of the population's knowledge and reaction must be ascertained. The purpose of this study is the development of a body of information which will serve this fourth function in the process of facility planning.

Objectives

The specific objectives of the North Nashville Health Study were to obtain reliable estimates of

1) pertinent demographic characteristics of the population;

2) the composition of households in the area;

3) the current health problems as perceived by the population;

4) the population's perception of "causes" of health problems;

5) the various reactions or behaviors adopted in response to health problems;

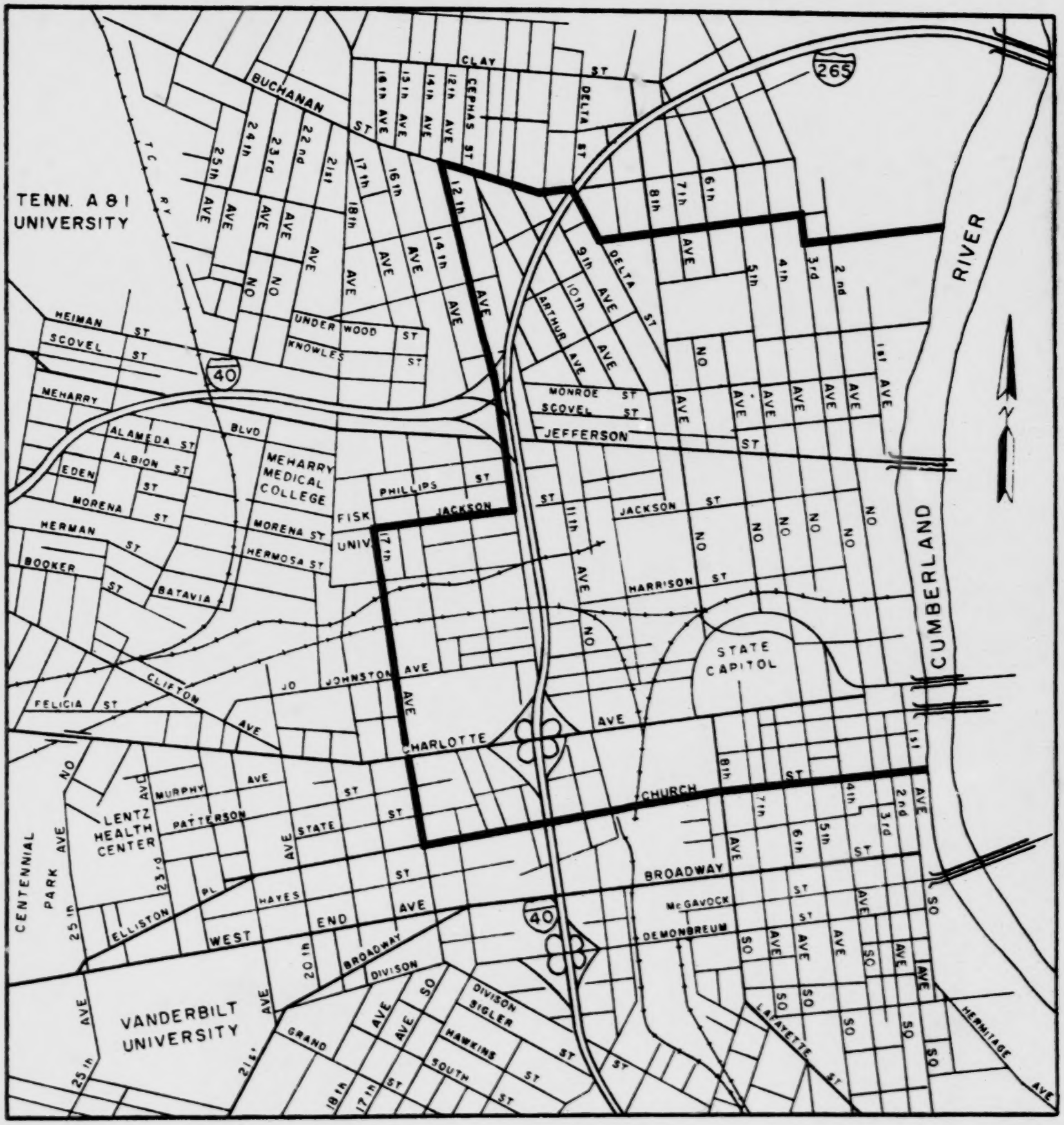
6) the population's knowledge of available facilities for treatment;

7) the problems encountered in obtaining treatment or assistance

and the interrelationships among these seven categories of variables.

While there are some very sound bases for estimating the current health state of this population, the successful establishment of a

Boundaries Of The Study Area



voluntary health facility depends upon such a facility being viewed by the population as having some relevancy in their lives. This may require some public education programs, cooperation with existing agencies now in contact with the population or other means of reaching the people. Whatever is done must be based, to some extent, on the existing situation of the area.

Procedures

In attempting to assess the present health states as perceived by representative members of the population, it was necessary to develop a questionnaire which would elicit responses in terms and concepts which were meaningful for the population but which would also be appropriate for a generalized description of the area. For this reason, a semi-structured instrument was developed. The health questions structure the categories of responses but are "open ended" so that specific answers could reflect the terminology in use in the population.

The questionnaire is divided into four basic parts: 1) household and demographic data; 2) health problems encountered over the past year, perceived causes and reactions to them; 3) awareness of, use of and evaluation of various sources of assistance; 4) general attitude and behavior questions which are relevant to health problems. A copy of the questionnaire used can be found in Appendix B.

For purposes of sampling, the population of interest was defined as those persons whose normal place of residence was in a household in the designated area (see Page 3 and Appendix A). At the outset, the

exact number of interviews to be obtained was not determined so the sampling procedures were planned to allow for expansion if desired.

Using 1960 Census of Housing Block Statistics for Nashville, Tennessee, the city blocks of the area were sequentially arrayed by block number within sequentially arrayed census tracts. The number of occupied dwelling units in each block was automatically utilized to weight a block's probability of inclusion in the sample. The occupied dwelling units within each block were arbitrarily assumed to be numbered, for sampling purposes, starting from a constant point (the northeast corner of the block) in a clockwise direction. The number of occupied dwelling units was accumulated through the array of blocks to a total of 4,502 occupied dwelling units in 1960.

A series of random numbers between 1 and 4,502 were selected and maintained in sequence of selection so that the ultimate sample, regardless of size, would be, in effect, a random sample. These random numbers designated specific households of specific blocks to be included in the survey. The designated blocks were then inspected to determine the current number of occupied dwelling units in the block and the addresses of all households in the block. From this, the address of each household to be included in the sample was obtained.[4]

The interviewing was done by six medical students from Meharry Medical College and three psychology graduate students from George Peabody College. All of the interviewers had interviewing experience. They were given one orientation and training session.[5] Following this

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4. For an elaboration of procedures used, see John Monroe and A. L. Finkner, The Handbook of Area Sampling. Philadelphia: Chilton Company, 1959.

5. See J. Stacy Adams, Interviewing Procedures: A Manual for Survey Interviewers. Chapel Hill: The University of North Carolina Press, 1958.

session each interviewer took at least three trial interviews, using an earlier version of the questionnaire. In addition to training, this also served as a pre-test of the data collection instrument. Following these trial interviews, a conference with all personnel provided a basis for minor revisions in the questionnaire. At this point all interviewers were provided with specific household addresses from which they were to obtain an interview. The interviewers were instructed not to make substitutions in the event an interview could not be obtained from a designated household. A summary of the results of the field work is presented in Table 1.

Table 1

Summary of Results of Field Work

Random Numbers Used			164
A. Designating Non-Occupied Dwelling Unit			35
B. Designating Apparent Occupied Dwelling Unit and Assigned to Interviewer			129
1. Yielding Interview		108	
2. Non-Interview		21	
a. Not an occupied dwelling unit	9		
b. No contacts with occupants	8		
c. Refused	4		
Completion (108 completed interviews from 120 occupied dwelling units):			90%

Following an editing of the questionnaires, the data were coded for eighty-column punch cards from which tabulation and statistical analyses could be made by use of computers and other data processing equipment. A copy of the code used can be found in Appendix C.

CHAPTER II

Description of the Sample

The 108 interviews represented households containing 323 individuals, giving an average household size of 3.0 individuals. The racial composition of the households is 81.5 percent Negro and 18.5 percent white, and of individuals, 85.8 percent Negro and 14.2 percent white. The sex ratio of the sample is somewhat higher than was expected, there being 130 females to every 100 males.

There is every reason to believe, on the basis of sample design, that the sample is representative of the area. However, it seems advisable to offer some hypotheses concerning the figures above. In 1960, 72 percent of the area's population was Negro, while the sample percentage is 85.8. This difference may be due, in part, to sampling variation, i.e., the fact that any sample is likely to deviate to some degree from the characteristics of the parent population. It may, however, reflect selective migration into and out of the area. The total population of the area has been relatively stable, perhaps declining slightly. The sample figures would suggest that there has been more out-migration among whites, or more in-migration among Negroes, or, most likely, both.

Table 2

Sex Distribution of Sample by Race

Sex	White	Negro	Total
Male	45.65%	42.96%	43.34%
Female	54.34%	57.03%	56.65%
N	46	277	323

As would be expected, most of the people in the households in the sample were parts of the nuclear family of the head of the household. Fewer than 15 percent were not members of the nuclear family. Relatives of a younger generation constitute about 7.5 percent of the sample, indicating an occasional occurrence of multi-generational families. It is somewhat surprising that over 27 percent of the individuals (or over 55 percent of the households) live in one or two person households. The average household size for the sample is 3.0 persons. Among the white households this is 2.3 and for the Negro, 3.2. Among the whites, 70 percent of the households contain one or two individuals (or 41 percent of the people), while 50 percent of the Negro households are this small (representing 25 percent of the people).

The average age in the sample population is 31.8. This is a little older than the general population. However, there is a substantial race difference, the Negro average being 30.6 and the white 39.3. This age difference is quite obvious at the upper and lower extremes of the age distribution. In the white population, 19 percent is under age 14, while 29 percent of the Negro population is in this youngest group. At the other extreme, 32.6 percent of the white population is 60 years old or older, while only 14.4 percent of the Negro population is this old. This certainly suggests that the age related health problems of the two racial groups will be different.

In the sample as a whole, 28 percent of the people age 15 and over have never been married, with no difference between races (27 percent of whites; 28 percent of Negroes). There are some distinct differences between the races, however, in the present status of the 72 percent who have been married. Almost half (48 percent) of the whites who have been married are

Table 3

Number of Persons in Household

Number	White	Negro	Total
1	45.0%	21.6%	25.9%
2	25.0%	29.6%	28.7%
3	15.0%	14.8%	14.8%
4	10.0%	11.4%	11.1%
5		10.2%	8.3%
6		3.4%	2.8%
7		3.4%	2.8%
8		3.4%	2.8%
9		1.1%	.9%
10	5.0%	1.1%	1.9%
N	20 (Households)	88 (Households)	108 (Households)

now widowed, while only 21 percent of the Negroes are widowed. The races are approximately equal on the voluntary dissolution of marriage (divorce or separation) (15 percent of whites ever married and 18 percent of Negroes). There are, however, differences between the races in the method of dissolution, divorce being more frequent among whites (11 percent for whites, 8 percent for Negroes) and separation more frequent among Negroes (11 percent for Negroes, 4 percent for whites).

The average education of adults in the sample (persons age 18 and over) is 8.2 years. This is comparable to the median education of the area in 1960 (8.0 years). There are rather sizeable differences in the education levels within the race-sex groupings of the sample.[6] The mean education

6. These figures must be viewed with caution because of the relatively small number of whites in the sample.

Table 4

Age Distribution of Sample by Race

Age	White	Negro	Total
0-4 yrs.	6.52%	11.63%	10.90%
5-9 yrs.	6.52%	9.09%	8.72%
10-14 yrs.	8.69%	10.18%	9.96%
15-19 yrs.	10.86%	10.54%	10.59%
20-29 yrs.	13.04%	14.90%	14.64%
30-39 yrs.	6.52%	10.54%	9.96%
40-49 yrs.	8.69%	6.90%	7.16%
50-59 yrs.	6.52%	11.63%	10.90%
60-69 yrs.	19.56%	9.81%	11.21%
70 and over	13.04%	4.72%	5.91%
N	46	277	323

Table 5A

Marital Status of Persons 15 Years and Older, by Race

Status	White	Negro	Total
Married	27.02%	43.58%	40.94%
Divorced	8.10%	5.64%	6.03%
Widowed	35.13%	14.87%	18.10%
Separated	2.70%	7.69%	6.89%
Never married (Single)	27.02%	28.20%	28.01%
N	37	195	232

Table 5B

Marital Status of Persons Ever Married by Race

Status	White	Negro	Total
Married	37.03%	60.71%	56.88%
Divorced	11.11%	7.85%	8.38%
Widowed	48.14%	20.71%	25.14%
Separated	3.70%	10.71%	9.58%
N	27	140	167

of Negroes in the sample is 8.6 years, with only a half year's difference between males and females (8.9 and 8.4 years, respectively). However, the mean for whites in the sample is only 6.2 years with a difference between the sexes of 2.4 years (4.6 years for males and 7.0 years for females). These differences are made more apparent in looking at the percentage of the sample in the lowest education groups, i.e., those with less than seven years of school. Approxiamtely one-third of the total sample (31.3 percent) was in this lowest category. For Negroes, only 27.8 percent (28.8 percent of males and 27.1 percent of females) were in this category. However, almost half of the whites (48.5 percent) were in this lowest category, with a sizeable sex difference of 63.6 percent of the males and 40.8 percent of the females in this category.

The occupational level of the sample is consistent with considering the area as deprived. Only 6 percent of the employed people in the sample are in "white collar" occupations while over 75 percent of those reporting specific occupations are service workers or laborers.[7] The

7. Over 20 percent of the sample is classified on occupation as "Other." This is due, largely, to reporting employer rather than occupation.

Table 6

Education Level of Persons Age 18 and Over

Years of Education	White			Negro			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%	%	%	%
None	36.3	4.5	15.1		4.2	2.5	5.2	4.2	4.6
1				1.5		.6	1.3		.5
2	9.1	9.1	9.1	4.5	2.1	3.1	5.2	3.4	4.1
3		4.5	3.0	3.0	5.2	4.3	2.6	5.1	4.1
4	9.1	9.1	9.1	6.1	6.2	6.2	6.5	6.8	6.7
5	9.1	4.5	6.1	7.6	5.2	6.2	7.8	5.1	6.2
6		9.1	6.1	6.1	4.2	4.9	5.2	5.1	5.1
7				3.0	6.2	4.9	2.6	5.1	4.1
8	9.1	32.0	24.2	9.1	11.5	10.5	9.1	15.4	12.9
9	9.1	9.1	9.1	10.6	9.4	9.9	10.4	9.3	9.7
10				10.6	11.5	11.1	9.1	9.3	9.2
11	9.1	4.5	6.1	13.7	14.6	14.3	12.9	12.7	12.9
12	9.1	9.1	9.1	9.1	14.6	12.3	9.1	13.6	11.8
13		4.5	3.0	6.1	2.1	3.7	5.2	2.5	3.6
14				3.0	1.0	1.9	2.6	.8	1.5
15				1.5	1.0	1.2	1.3	.8	1.0
16				1.5	1.0	1.2	1.3	.8	1.0
17				3.0		1.2	2.6		1.0
N	11	22	33	66	96	162	77	118	195
Mean	4.6	7.0	6.2	8.9	8.4	8.6	8.3	8.1	8.2

racial distribution for "white collar" occupations is approximately equal, while the largest differences are in "craftsmen and operatives" and "service workers." Over half of the whites (54.5 percent) are "craftsmen and operatives" while 18.2 percent are "service workers." For Negroes, only 12.9 percent are "craftsmen and operatives" while 52.4 percent are "service workers."

Table 7

Occupational Distribution of Employed Persons by Race

Occupation	White	Negro	Total
Professional, technical and kindred		2.41%	2.09%
Managerial, official, proprietors			
Clerical, sales and kindred	5.26%	3.22%	3.49%
Craftsmen and operatives	31.57%	10.48%	13.28%
Service workers	10.52%	41.93%	38.46%
Labor	10.52%	22.58%	20.97%
Other	42.10%	18.54%	21.67%
N	19	124	143

The households in the sample are almost equally divided between male and female "heads of household" (52.8 percent male, 47.2 percent female). Among Negro households, the proportion of male heads is somewhat higher, at 58.0 percent. There is a large proportion of white households headed by females (70.0 percent) which is consistent with the large number of widows.

Table 8

Education Level of Heads of Households

Years of Education	White			Negro			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%	%	%	%
None		7.1	5.0		5.7	2.4		6.1	2.9
1									
2		14.4	10.0	4.2		2.4	3.7	4.1	3.9
3	16.7	7.1	10.0	2.1	14.3	7.2	3.7	12.2	7.8
4	16.7		5.0	8.3	14.3	10.9	9.3	10.2	9.7
5	16.7	7.1	10.0	8.3	2.9	6.0	9.3	4.1	6.8
6		7.1	5.0	8.3	8.6	8.4	7.4	8.2	7.8
7				2.1	11.4	6.0	1.8	8.2	4.9
8	16.7	28.8	25.0	6.2	17.0	10.9	7.4	20.4	13.6
9	16.7	7.1	10.0	8.3	8.6	8.4	9.3	8.2	8.7
10				10.4	2.9	7.2	9.3	2.0	5.8
11		7.1	5.0	16.7	5.7	12.1	14.9	6.1	10.7
12	16.7	7.1	10.0	10.4	8.6	9.7	11.1	8.2	9.7
13		7.1	5.0	2.1		1.2	1.8	2.0	1.9
14				4.2		2.4	3.7		1.9
15				2.1		1.2	1.8		1.0
16				2.1		1.2	1.8		1.0
17				4.2		2.4	3.7		1.9
N	6	14	20	48	35	83	54	49	103
Mean	6.8	6.8	6.8	9.1	6.5	8.0	8.9	6.6	7.8

Table 9

Employment Status of Heads of Households

Occupation	White			Negro			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%	%	%	%
Professional, technical and kindred				2.0	2.7	2.3	1.8	2.0	1.9
Clerical, sales and kindred		7.1	5.0	2.0	5.4	3.4	1.8	5.9	3.7
Craftsmen and operatives	50.0	7.1	20.0	17.6		10.2	21.0	2.0	12.0
Service workers	16.7	7.1	10.0	21.6	59.5	37.6	21.0	45.0	32.4
Labor	16.7	7.1	10.0	31.3		18.2	29.8	2.0	16.7
Other	16.7	7.1	10.0	23.5	8.1	17.0	22.8	7.8	15.7
Unemployed				2.0		1.1	1.8		.9
Housewife		64.5	45.0		24.3	10.2		35.3	16.7
N	6	14	20	51	37	88	57	51	108

The male heads of households are better educated than adult males of the sample, though the difference for Negro heads is slight (9.1 years for heads and 8.9 years for the sample). The average education of white male heads is over two years more than the sample white males, 6.8 years compared to 4.6 years. In both races, female heads have less education than the adult females of the sample. For white female heads this difference is slight, 6.8 years for heads and 7.0 years for the sample. The difference for Negro females, however, is almost two years, the heads having an average of 6.5 years and the sample an average of 8.4 years.

Due largely to the female heads of households, over 17 percent of the heads do not work. This ranges from 64.5 percent of white female heads not employed to none of the white male heads. For Negroes, 2.0 percent of the male heads are not employed, while almost one-fourth of the female heads are not employed. For those heads of households who report an occupation, the distribution does not differ significantly from that of the sample as a whole. In spite of their higher educational level, in general the Negro heads of households, as for the whole sample, are more likely to be found in the lower occupational categories of service workers and laborers.

The sample, as the population from which it was selected, shows a very limited amount of variation of characteristics. There is, of course, variation of age and sex, but beyond this it is relatively homogeneous aggregate.

CHAPTER III

Health Problems and Reaction[8]

In attempting to obtain an overview of the population's perception of its state of health, an index of illness occurrence was computed for each household. This index is based on eleven questionnaire items which were designed to develop individual complaints in the past twelve months.[9] The total number of positive responses for the household, divided by the number of individuals in the household is the index of illness occurrence, or average number of complaints per person. This index has a theoretical range between 0.00 and 11.00. The actual range was between 0.00 and 6.00.

The average index for all households in the sample is 1.40. Three-fourths of the households had some complaint in the past twelve months. Slightly over one-fifth of the households (21.3 percent) had an index greater than 2.00 or, in other words, on the average there were more than two complaints per person in the past twelve months. In 32.4 percent of the households the index was between .01 and 1.00 and 22.3 percent, between 1.01 and 2.00. While the index certainly cannot be used in a qualitative context, it does indicate that in a significant number of households there were several health complaints in the past year.

The average household index for white households in the sample is 2.39 and for Negro 1.17. This is, no doubt, in part a reflection of the age difference of the two races in the sample. The occupation of the

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8. The analysis of the health states of the population will, of necessity, be limited to internal descriptions and comparisons. Because there are no comparably obtained data for other groups this method must suffice.

9. The questionnaire items on which this is based and the corresponding Code Manual entries are as follows: 2a (Code Manual 1-27), 3a (1-51), 3b (2-27), 3c (2-45), 4 (3-45), 5a (4-27), 5b (4-51), 5c (5-27), 5d (5-48), 6a (6-27), and 6b (6-48).

head of the households does not have a startling effect on the index, except, in those households in which the head is a housewife. The average index for housewife-headed households is 1.99 and for all others 1.28. This is particularly interesting in that households headed by housewives are likely to represent a more extreme portion of the deprivation index. When the household index is controlled for education the following distribution is obtained:

Table 10

Household Index of Illness Occurrence and Education of Head of Household

	Years of Education of Head			
	0-4	5-7	8-11	12 and over
Average Index	1.93	1.79	1.01	1.14
N	25	20	40	18

This distribution certainly suggests that education level of the head is related to the occurrence of illness in the household. When the education variable is dichotomized, this fact becomes more apparent with an index of 1.87 for education level 0 through 7 and 1.05 for 8 and over.

North Nashville Illness

From the responses obtained from multiple questioning, it is apparent that the population's perception of its illness involves major problems.[10] The majority of complaints are concerned with major organs and body systems and not ill defined symptoms. As is indicated in Table 11, there are no

10. The analyses involving illness are derived from the combination of the following questionnaire items: 2a (Code Manual 1-30), 3a (1-54), 4 (3-48), 5a (4-30), 5b (4-54), 5c (5-30). The relationships of age to illness, cause and treatment are not covered in the text but are included in tabular form in Appendix D.

Table 11

Reported Illnesses by Race

Illness	White %	Negro %
Diseases of Infancy and Childhood		8.2
Diseases and Disorders of Skin, cellular tissue, bones and organs of movement	19.0	14.2
Major organs and systems	58.7	49.2
Allergies, congenital and other	14.3	16.4
Pregnancy and childbirth		3.0
Mental, psychoneurotic and personality disorders		2.2
Accident, poisoning and violence	6.3	6.0
Other	1.6	.7
N	63	134

major differences between the races in the illness distribution when the broad categories are used. As would be expected, because of the differences in the age composition of the two racial categories, diseases of infancy and childhood and complaints associated with pregnancy and childbirth are confined to Negroes. While the data are not shown in the table, there are two interesting differences between the races within the broad category of major organs and body systems. Complaints associated with blood, blood forming organs and circulatory system comprise 15.7 percent of the complaints among Negroes, while for whites comparable complaints comprised only 7.9 percent of the total. On the other hand, one-third of the white complaints concerned digestive and genito-urinary systems while this represented less than one-tenth of the Negro complaints.

The sexual distribution of illnesses (see Table 12) does not show any unexpected differences except in the major organs and systems category. These represent 46.9 percent of the female complaints and 62.7 percent of the male. This is an especially large difference in view of the fact that female complaints, overall, are twice as frequent as male.

Table 12

Reported Illnesses by Sex

Illness	Female %	Male %
Diseases of Infancy and Childhood	5.4	6.0
Diseases and Disorders of Skin, cellular tissue, bones and organs of movement	17.7	12.0
Major organs and systems	46.9	62.7
Allergies, congenital and other	19.2	9.0
Pregnancy and childbirth	3.1	
Mental, psychoneurotic and personality disorders	.8	3.0
Accident, poisoning and violence	5.4	7.5
Other	1.5	
N	130	67

The most frequently mentioned cause of illness was associated disorders followed by "cause unknown."[11] These two accounted for almost three-fourths of the responses given to the "cause" questions. As shown

11. The analyses of causes of illness are taken from the combination of the following questionnaire items: 2a (Code Manual 1-36), 3a (1-60), 4 (3-54), 5a (4-36), 5b (4-60), 5c (5-36).

in Table 13, associated disorders represented 53.4 percent of the causes reported by whites and 36.4 percent of causes reported by Negroes. Unknown cause was the response of 35.5 percent of Negro responses, but only 19.0 percent of white responses. The major difference between the sexes with regard to cause is related to associated disorders, as is shown in Table 14. This response was used for one-half of the female responses, but only one-fourth of the male.

Table 13

Causes of Illnesses by Race

Cause	White %	Negro %
Weather	6.9	9.9
Smog		2.5
Social - Communicable		1.6
Disease	5.2	.8
Disorder	53.4	36.4
Trauma	6.9	7.4
Food		1.6
Other	8.6	4.1
Unknown	19.0	35.5
N	58	121

Table 14

Causes of Illnesses by Sex

Cause	Female %	Male %
Weather	7.6	11.5
Smog		4.9
Social - Communicable	.8	1.6
Disease	1.7	3.3
Disorder	50.8	24.6
Trauma	7.6	6.6
Food	1.7	
Other	1.7	13.1
Unknown	28.0	34.4
N	118	61

Treatment of Illnesses

From the multiple questions designed to develop the treatments employed for various illnesses (see Table 15, A and B),[12] the most frequent response was consultation with a doctor, clinic or hospital with no treatment indicated.[13] The second response, in frequency, was home remedies, and the third, hospitalization. Home remedies are most frequently employed for diseases of childhood and infancy, this being the

12. Tables 15A and 15B are based on the same cell frequencies. They differ in the base used for computing the percentages. Table 15A is percent of illnesses using each treatment and Table 15B is percent of treatments employed for each illness.

13. The analyses of treatments are taken from the combination of the following questionnaire items: 2a (Code Manual 1-39), 3a (1-63), 4 (3-57), 5a (4-39). Questions 3e, 5b, 5c, and 5d were also used with treatment implied in the questions.

Table 15A

Reported Illnesses and Treatments Employed

	Home remedy %	Doctor:no treatment %	Medication %	Surgery %	Hospitalized %	Other treatment %	Other %	Nothing %	N
Diseases of Infancy and Childhood	56.2	31.2	12.5						16
Diseases and Disorders of Skin, cellular tissue, bones and organs of movement	17.8	48.2	5.4	3.6	14.3		1.8	8.9	56
Major organs and systems	10.9	50.8	11.9	7.2	13.5	1.6	1.0	3.1	193
Allergies, congenital and other	9.9	77.7	3.3		3.3	1.6	.8	3.3	121
Pregnancy and childbirth		72.2		5.6	22.2				18
Mental, psychoneurotic and personality disorders		50.0						50.0	4
Accident, poisoning and violence		69.7	3.0	6.1	12.1	6.1		3.0	33
Other		60.0				20.2	20.0		5

Table 15B

Reported Illnesses and Treatments Employed

	Home remedy %	Doctor:no treatment %	Medication %	Surgery %	Hospitalized %	Other treatment %	Other %	Nothing %
Diseases of Infancy and Childhood	17.3	1.9	6.1					
Diseases and Disorders of Skin, cellular tissue, bones and organs of movement	19.2	10.2	9.1	10.5	17.4		20.0	27.8
Major organs and systems	40.4	37.0	69.7	73.7	56.5	37.5	40.0	33.3
Allergies, congenital and other	23.1	35.5	12.1		8.7	25.0	20.0	22.2
Pregnancy and childbirth		4.9		5.3	8.7			
Mental, psychoneurotic and personality disorders		.8						11.1
Accident, poisoning and violence		8.7	3.0	10.5	8.7	25.0		5.6
Other		1.1				12.5	20.0	
N	52	265	33	19	46	8	5	18

indicated treatment in over half of the responses. It is interesting to note that none of the questions with regard to treatment developed a response which was categorized as "semi-medical" or "non-medical."

In analyzing the treatment responses within the demographic variables of age, race, and sex, there are very few patterns of differences worthy of note. The single exception is the apparent sharp increase of prescribed medication for persons age fifty and over. Medication, in the total distribution, comprises less than 3 percent of the responses, but for the three oldest age groups the distributions are 24.2 percent, 15.2 percent, and 27.3 percent, respectively.

Throughout the analysis, it will be apparent that limited differences associated with socio-economic status can be demonstrated. This is due, in large measure, to the relative homogeneity of the population on the two variables aimed at status, occupation of head of household and education of head of household. The treatment data do suggest, however, that as occupational status decreases, there is a greater tendency to use home remedies or do nothing about illnesses. However, since these were not frequently mentioned by any group, the tendency is not strong.

Payment for Treatment

In analyzing responses as to the payment for treatment, it was found that in 44 percent of the cases the treatment obtained was not paid for by the respondents.[14] This is based on responses to the questions which asked, "Did you pay for these services or treatments?" The most frequent payment

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14. The analyses of "payment-nonpayment" are taken from the combination of the following questionnaire items: 2a (Code Manual 1-42), 3a (1-66), 3b (2-36), 3e (3-36), 4 (3-60), 5a (4-42), 5b (4-63), 5c (5-39), 5d (5-57).

for treatment was for consultation, but this occurred only 60.2 percent of the time. Hospitalization was paid for 34.8 percent and "other treatments," 37.5 percent.

The racial difference on "payment-nonpayment" is one of the strongest associations in the data. For whites, payment was made only 26.2 percent of the time, while for Negroes, payment was made 62.1 percent of the time. There are, of course, many interpretations which can be placed on these figures and later analysis will help shed some light. However, any interpretation must be based on one, or a combination, of the following four assumptions: 1) Negroes in North Nashville are better able to pay for services than are whites; 2) there are more free services available to whites than to Negroes; 3) whites are more aware of free services than are Negroes; 4) Negroes are less willing than whites to avail themselves of free services.

The distribution of non-payment by age presents an interesting curvilinear relationship (see Table 16). The highest percentage of non-payment is for school age children, between 5 and 14 years of age, where two-thirds of services obtained are not paid for by the patient. For the youngest age group, under age five, non-payment occurs in only one-third of the responses. The distribution drops to 29.3 percent for age 30-39 and rises from that point to 58.8 percent for persons age 70 and over. This distribution suggests that convenience of a service, as with an "in school" population, is an extremely important factor in its use.

The occupation of the head of household does not present as strong a relationship as might be expected, but the trend, as shown in Table 17, is certainly consistent. It is apparent from this table that the plight of

Table 16

Payment for Services by Age

Age	No Pay %	Pay %	N
0-4	34.2	65.8	38
5-9	66.7	33.3	21
10-14	65.0	35.0	20
15-19	51.7	48.3	29
20-29	34.5	65.4	55
30-39	29.3	70.7	58
40-49	42.8	57.1	35
50-59	43.6	56.4	55
60-69	45.1	54.9	71
70 and over	58.8	41.2	34

Table 17

Payment for Services by Occupation

Occupation	No Pay %	Pay %	N
Professional, technical and kindred		100.0	4
Clerical, sales and kindred	37.5	62.5	16
Craftsmen and operatives	33.8	66.2	68
Service workers	45.0	55.0	109
Labor	41.6	58.4	101
Other	45.3	54.7	64
Housewife	58.0	42.0	50

those households which are headed by housewives cannot be over-emphasized. This is the only occupational group in which non-payment occurs more frequently than payment.

When payment was not made by the user of services, in 62.3 percent of the cases, private assistance was given as the source of funds for services.[15] Next in order were welfare (8.0 percent), insurance (7.3 percent) and Medicare (6.6 percent). Workmen's compensation, Veterans' Administration, hospital-provided services and "other" account, in combination, for 16.8 percent of the responses. As Table 18 shows, there were large variations between the

Table 18

Payments for Services by Race

Payment	White %	Negro %
Insurance	9.5	6.9
Medicare	38.1	1.1
Workmen's compensation		1.4
Veterans' Administration	9.5	3.3
Private assistance	1.6	72.8
Welfare	1.6	9.1
Hospital	38.1	.3
Other	1.6	5.0
N	63	361

15. The analyses of payment are taken from the combination of the following questionnaire items: 2a (Code Manual 1-45), 3a (1-69), 3b (2-39), 3e (3-39), 4 (3-63), 5a (4-45), 5b (4-66), 5c (5-42), 5d (5-60).

races on the matter of payment, private assistance[16] accounting for 72.8 percent of Negro responses and only 1.6 percent of white. For whites, hospital-provided services[17] was given 38.1 percent of the time and Medicare, 38.1 percent. The distribution of means of payment suggest some interesting differences of behavior in the two racial groups. The use of Medicare is a function of difference in the age composition, though this is not believed to be the only explanation. That available means of obtaining services are differentially used is obvious.

The population of North Nashville, insofar as these data portray that population, presents a vast array of health related problems and patterns of behavior adopted in response to these problems. While these data do not permit making statements with regard to the relative frequency of occurrence of problems, they do suggest, from intuitive comparisons, that the population is well aware of the fact that they have health problems. Their responses to questions on illnesses indicate that they are not generalized complaints, but rather specific problems.

These people do not indicate from their responses that they have the means to obtain services from private sources, and they do not show a uniform use of the sources which are available. Underlying all of this is the strong probability that there are health problems which are not and cannot be articulated because of limited access to reliable sources of diagnosis. It seems reasonable to assume that this population has problems which are not manifest but nevertheless are problems.

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16. This category of response represents, primarily, services obtained through Centenary Methodist Community Center. There are, in addition, some cases of services provided without charge by private physicians which are included in this category.

17. This was predominantly General Hospital for whites.

CHAPTER IV

The Health Ethos of North Nashville

The studies of anthropologists and sociologists have offered very good evidence that perception of illness and reaction to illness are parts of and products of specific cultures.[18] For a specific physical condition to be defined as an illness or abnormality, that condition must be severe enough to impair normal functioning and infrequent enough to be viewed as a deviation from the normal. Therefore, as Zola points out, in populations which possess widespread and almost constant infirmities, the infirmity is viewed as the norm and rarely perceived by the population as an illness.

In much the same manner, a population's culture "determines" the reactions which it will adopt in response to an illness. In order for the population to adopt any specific response behavior the following sequence must be followed. First, in the case of health related responses, individuals must perceive the condition as being sufficiently abnormal and severe to warrant behavior. Secondly, for a specific behavioral response, individuals must have the potential for the behavior in their total response repertoire. This means that the behavior, if not already established, must be consistent with the values of the culture and realistic in terms of the environment - in a total sense - of the culture. Finally, the individuals must be able to perceive or accept some relationship between the behavioral response and the specific health state in question. If they cannot accept in either a scientific, trusting, faithful or superstitious context the appropriateness of the behavior, there will be no reason for its adoption.

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18. See particularly Irving K. Zola, "Culture and Symptoms - An Analysis of Patients' Presenting Complaints," American Sociological Review, Vol. 31 (1966), pp. 615-630, for a recent review of the literature as well as pertinent research findings.

Table 19

Extent to Which Various Treatments* Are Used by Race

Treatment	Race	USED: Great Deal %	Some %	Very Little %	N
Home remedies (such as roots and herbs)	White			100.0	5
	Negro	6.4	8.5	85.1	47
	Total	5.8	7.7	86.5	52
Patent medicines and drugs than can be bought without a doctor's prescription	White	7.1	57.1	35.7	14
	Negro	20.6	49.2	30.2	63
	Total	18.2	50.6	31.2	77
Druggists	White	13.3	73.3	13.3	15
	Negro	24.3	48.6	27.1	70
	Total	22.4	52.9	24.7	85
Public Health Nurses	White		33.3	66.7	6
	Negro	4.6	18.6	76.7	43
	Total	4.1	20.4	75.5	49
Doctors	White	60.0	35.0	5.0	20
	Negro	51.9	40.7	7.4	81
	Total	53.5	39.6	6.9	101
Hospitals	White	41.2	41.2	17.6	17
	Negro	52.1	33.8	14.1	71
	Total	50.0	35.2	14.8	88

* This question was also asked for "healers" and "chiropractors." However, such a small number responded (36 and 39, respectively) that they are not included in these tabulations.

The individual respondents in the study were asked to what extent they used or relied on eight possible sources of treatment. These data are presented in Table 19. It is interesting to note that the non-medical ("healers," etc.) and semi-medical (chiropractors, etc.) sources received, primarily, no response of any sort. For those people who did respond, over 90 percent answered "very little" for both sources. Clearly the most common

sources of assistance - doctors and hospitals - are the two which, in terms of the values of the total culture, are the most reasonable. The second level of assistance - druggists and patent medicines - involves two categories which might be classified as semi-medical. The fact that a majority of respondents answered "some" or "a great deal" for these two suggests the very important role played by druggists in this neighborhood.[19] While the differences between races with regard to the use of doctors and hospitals is not great, there is a clear indication that Negroes utilize the druggists more frequently than do the whites. This same trend is revealed with "home remedies" but in this case the use by anyone is very slight. Perhaps the most unexpected result in these data is the fact that the population seems to make very little use of public health nurses. Three-fourths of the respondents indicate that they use public health nurses very little.

Table 20

Best Place to Get Advice on Medicine by Race

Source of Advice	White %	Negro %	Total %
Doctor	60.0	77.0	73.8
Druggist (or drugstore)	5.0	2.3	2.8
Hpspital	35.0	17.2	20.6
Other		2.3	1.9
Don't know		1.2	.9
N	20	87	107

19. See Earl L. Koos, The Health of Regionville. (New York: Columbia University Press, 1954).

In spite of the rather frequent use of druggists, as indicated in the preceding paragraph, the individual respondents did not indicate a high confidence in druggists for advice (see Table 20). Almost three-fourths of the individuals recognize physicians as the best source of advice, with a higher percentage of Negroes than whites so responding (77.0 percent for Negroes, and 60.0 percent of whites). Hospitals are the second choice for both races, with the combination of doctor and hospital responses equalling approximately 85.0 percent of the responses for both races. Since both of these sources represent professional medical sources, it is reasonable to view them as reflecting comparable evaluations of reliability, the difference being point of contact rather than superiority of source. While the population makes fairly extensive use of druggists, they do not recognize them as a superior source. It must be concluded that the use is a matter of access rather than choice.

Table 21

Source of Emergency Treatment by Race

Source of Treatment	White %	Negro %	Total %
Doctor	20.0	11.1	13.3
General Hospital	45.0	1.6	12.0
Hubbard Hospital		61.9	47.0
Other hospital	30.0	17.5	20.5
Other		1.6	1.2
Don't know	5.0	6.3	6.0
N	20	63	83

In response to the question on obtaining emergency services, both Negroes and whites showed a clear preference for hospitals, with 75.0 percent of the whites indicating a hospital and 80.0 percent of the Negroes (see Table 21). The second choice category for both races was a doctor, with whites more likely than Negroes to name this source (20.0 percent of whites and 11.1 percent of Negroes). The most interesting point in these data is the very clear racial difference on specific hospital. In spite of its proximity to the area, Hubbard Hospital was not mentioned by any of the white respondents. Almost half of them (45.0 percent) named General Hospital and 30.0 percent named some other hospital.[20] For Negroes, Hubbard Hospital was clearly the preference, with 61.9 percent giving this response and other hospitals equalling 19.1 percent.[21] In the reasons for these choices (see Table 22), some explanation for these differences becomes apparent. For Negroes, convenience was the primary factor (48.1 percent) with familiarity being the next consideration (20.4 percent). On the other hand, familiarity was the primary factor for whites (52.6 percent) with competence next (21.0 percent). For whites, even in case of emergency, the choice based on convenience was the case in only 5.3 percent of the responses. Whites cited monetary reasons in 15.8 percent of the responses while Negroes did so in only 7.4 percent.

In making use of formal medical facilities, approximately one-fourth of the respondents report some problem with transportation and approximately the same proportion report problems with having to wait too long (see Table 23). Problems with waiting are reported much more frequently for whites

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20. Baptist Hospital, 5.0 percent; St. Thomas Hospital, 5.0 percent; and Vanderbilt Hospital, 20.0 percent.

21. General Hospital, 1.6 percent; Memorial Hospital, 1.6 percent; Vanderbilt Hospital, 11.1 percent, and hospital (not specified), 4.8 percent.

Table 22

Reasons for Choice of Emergency Treatment by Race

Reason	White %	Negro %	Total %
Convenience	5.3	48.1	37.0
Monetary	15.8	7.4	9.6
Familiarity	52.6	20.4	28.7
Competence	21.0	18.5	19.2
Personal ties	5.3	5.6	5.5
N	19	54	73

(60.0 percent) than Negroes (20.0 percent). Other problems are reported by only 14.3 percent of the respondents. While problems in obtaining services do not appear to be a serious impediment, the fact that one out of four report a problem which can be reduced - transportation - should not be overlooked.

Table 23

Problems in Visiting Doctor, Hospital, Etc., by Race

	Percent* Who Have Trouble With		
	Transportation %	Waiting Too Long %	Other %
White	30.0	60.0	31.6
Negro	25.0	20.0	10.1
Total	25.9	27.6	14.3
	(108)	(105)	(98)

* Percentages are derived from three separate questions and do not, therefore, add to 100.0 percent.

Awareness of Facilities

In order to make use of available services, individuals must be aware of the existence or availability of such services. The data presented in Table 24 can be seen as very strong evidence of the lack of knowledge in this population. Three-fourths of the respondents were not aware of the existence of any public agencies which would offer them assistance with health problems. The figure is higher for Negroes (80.2 percent) than whites (55.0 percent). No doubt they are aware of the existence of some facilities which are in fact public supported, but if these people are not aware of the nature of the support and, therefore, the availability of services, then the knowledge is of limited, if any, value to them. Quite obviously, from these data, the mere establishment of a facility or service will do very little if such establishment is not accompanied by an extensive public information program which will reach the population to be served.

Table 24

Awareness by Race of Public Agencies That Assist With Health Problems

Know of Public Agencies That Assist?	White %	Negro %	Total %
No	55.0	80.2	75.5
Yes	45.0	19.8	24.5
N	20	86	106

Table 25

Awareness of Health Assistance from Church by Race

Do churches help with health problems?	White %	Negro %	Total %
No	33.3	12.5	16.0
Yes	66.7	39.8	44.4
Don't know		47.7	39.6
N	18	88	106

While they are very unaware of public agencies from which they can obtain assistance, almost half (44.4 percent) of the respondents were aware of the availability of assistance from churches (see Table 25). There are, again, sizeable differences between the races, with the whites reporting more awareness of the availability from this source than did Negroes (66.7 percent for whites and 39.8 percent for Negroes). It is interesting to note in this context that 90.6 percent of the respondents (85.0 percent of whites and 92.0 percent of Negroes) are church members

Table 26

Church Membership by Race

	Members %	N
White	85.0	20
Negro	92.0	87
Total	90.6	107

(see Table 26). Moreover, almost three-fourths of the respondents (73.8 percent) attend church service once a month or more (see Table 27). While one must go beyond the data for interpretations, it could be hypothesized that for the deprived, involvement in micro-structures, such as the church, must suffice for social satisfactions. The macro-structure of society is

Table 27

Church Attendance by Race

Frequency of Attendance	White %	Negro %	Total %
Once a week or more	25.0	37.9	35.5
Two or three times a month	20.0	29.9	28.0
Once a month	15.0	9.2	10.3
Several times a year	15.0	11.5	12.2
Never or almost never	25.0	11.5	14.0
N	20	87	107

too removed to be a reality for involvement. Therefore, these people are more likely to be aware of services or information which emanates from micro-structures with which they are familiar. This is certainly an excessive interpretation for the data alone, but is consistent with the basic theories of communication research.[22]

22. See John W. Riley, Jr. and Matilda W. Riley, "Mass Communication and the Social System," in Robert K. Merton, et al., Sociology Today: Problems and Prospects (New York: Basic Books, 1959), pp. 537-578.

As a final indication of the lack of knowledge or information which reaches this population, fewer than one-third of the respondents were aware of the existence of a child care center in the neighborhood (see Table 28). Since the area is serviced by four semi-public and eight private child care centers,[23] there is an obvious need for more effective public education in this area.

Table 28

Awareness of Child Care Center by Race

Is there a child care center?	White %	Negro %	Total %
No	11.8	32.3	28.2
Yes	35.3	30.9	31.8
Don't know	52.9	36.8	40.0
N	17	68	85

Behavioral Problems

The respondents to the questionnaire did not indicate a widespread awareness of mental, emotional or learning problems in the area (see Table 29). Only 13.0 percent (20.0 percent of the whites and 11.4 percent of the Negroes) were aware of anyone in the neighborhood who "gets upset too easily, worries too much, is moody, etc." The responses for awareness of

23. See The Characteristics of the Population and the Social Services for a High Poverty Area in Nashville, Tennessee. Report prepared by Center for Community Studies, The John Fitzgerald Kennedy Center for Research on Education and Human Development, Nashville, Tennessee, February 1967, p. 113.

Table 29

Awareness of Behavioral Problems by Race

Is there anyone in this neighborhood who...	Percentage Answering 'Yes' White %	Negro %	Total %
Gets upset too easily, worries too much, moody	20.0	11.4	13.0
Acts up, is high tempered, high strung	20.0	12.4	13.8
Has problems with learning (dull, slow)	5.0	11.6	10.4

people who "'act up,' are 'high tempered,' 'high strung,' etc." were just about identical to those for the preceding question. The overall awareness of learning problems was less than the other two problems (10.4 percent), and there is more awareness among Negroes (11.6 percent) than whites (5.0 percent).

Table 30

Can Anything Be Done About Behavioral Problems by Race

Can anything be done about someone who...	Percentage Answering 'Yes' White %	Negro %	Total %
Gets upset too easily, worries too much, moody	25.0	22.0	22.4
Acts up, is high tempered, high strung	11.1	14.8	14.3
Has problems with learning (dull, slow)	25.0	16.1	16.7

The respondents to the questionnaire indicate limited awareness of assistance with these types of problems (see Table 30). For people who "get upset too easily," 22.4 percent are aware of help; for people who "'act up,' are 'high tempered,' etc.," 14.3 percent; and for those with learning problems, 16.7 percent. In this area of health, the population does not indicate a level of knowledge of what is available or possible comparable to their knowledge in other health areas. This information may be used further to clarify the relatively low percentages aware of problems in this area. Being aware of a possible solution to a problem probably increases the conscious admission of the problem or definition of a condition as a problem. If one does not feel that a condition can be changed, it is unreasonable to dwell on a conception of the condition as an abnormality.

The people of North Nashville do not respond to health problems with the most desirable behavior possible. They do not follow courses of action which will result in the rapid and thorough resolution of problems. But this does not seem to be a situation in which they do not know what to do, but rather, one in which they do not know how to do it. A survey such as this can provide limited bases for predicting future behavior, but the data strongly suggest that in addition to needing services, these people need very much to know what is available to them and how they can make use of what is now available or may be made available in the future.

CHAPTER V

Summary

This was a project to study the perceptions of a representative sample of a low income population in North Nashville, Tennessee. The population to be sampled resided in an area which was defined by Meharry Medical College in their planning for a neighborhood health center (see Page 3). It is an area of some twenty square miles containing two hundred city blocks. General characteristics of the area and its population were described in a companion study.[24] The specific purposes of the project were to describe:

1. the demographic characteristics of the population,
2. the composition of households in the area,
3. the current health problems as perceived by respondents,
4. the respondents' perceptions of causes of the problems,
5. the responses to the problems or treatment sought,
6. the respondents' knowledge of facilities for treatment, and
7. problems in getting treatment.

The interview schedule was a semi-structured series of questions directed toward one respondent in a household, but covering all members of the household. A random sample of households was selected, and one hundred eight interviews were completed (eighty-eight Negro and twenty white households). The racial composition of the sample was more heavily represented by Negroes than was expected from the 1960 U. S. Census data

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24. See Center for Community Studies. Characteristics of the Population and Social Services in a High Poverty Area in Nashville, Tennessee. Nashville, Tennessee: The John F. Kennedy Center for Research on Education and Human Development, George Peabody College for Teachers, 1967.

(86 percent as compared with 72 percent). Within the sampled population, the Negro group was somewhat younger (31 vs. 39 years); the households were slightly larger (3.2 vs. 2.3 people); there were more married (44 percent vs. 27 percent), more separated (8 percent vs. 3 percent) and fewer widowed (15 percent vs. 35 percent). The mean educational level of the Negroes was higher (8.6 to 6.2 years) and their occupational levels tended to be lower than the white population. Thus, the Negro and Caucasian groups within the sample were shown to have rather different characteristics, and they were found to report different patterns of health problems and treatment sought.

The frequency of reported health problems was higher for white households, for those headed by a woman, and for those in which the head had less education. These were most likely the aging population. The most frequent type of health problem was reported for the category of major organs and systems. Blood and circulatory problems were more frequent for Negro subjects; digestive and urinary system problems were reported more frequently by white respondents. The problems tended to be specifically perceived and described.

Causes of health problems were most frequently attributed to disorders with unknown causes reported as the second most used category. Environmental factors and disease were reported with much less frequency. The treatment of choice was to consult a physician. The next two treatments were less than a fifth as frequent and were home remedies and hospitalization. Age was related to treatment type with child diseases being treated with home remedies, and individuals aged 50 and over reporting medication.

Payment (versus non-payment) by the individual for treatment was more likely for respondents in higher occupational levels, those aged 20 to 40, and Negroes. School age children and white respondents were least likely to have treatment paid for by their own resources. The source of payment was most likely from public sources for the white group and private welfare resources for Negroes.

It was observed that the behavior in response to perceived health problems can be viewed as reflective of the responses (or alternatives) available to people. In addition to doctors and hospitals being sources of help, druggists were cited as important although not so valued for advice as doctors. For emergency services, hospitals were preferred to physicians. Hospital use, in general, was determined by a differential weighing of factors by the two groups. Negro respondents listed convenience, familiarity and competence, while white subjects gave familiarity, competence and monetary cost. Both groups found transportation to be a problem in using services, and white respondents particularly mentioned waiting time as a problem when using services.

Lack of awareness of services and facilities available was noteable for all subjects. This was particularly noteworthy for behavior and learning problems, and was probably due to the lower incidence of perceived problems of these sorts.

The finding that Negro and white populations report different health problems and patterns of treatment, coupled with the descriptions of the differences, provide some beginning guidelines about the differing kinds of programs and approaches needed to adequately serve each group.

Appendix A

Description of the Area

APPENDIX A

Census Tracts, Enumeration Districts and Blocks Most Congruent With The North Nashville Study Area

CENSUS TRACT 1

Enumeration District	Blocks Included Therein
5	54, 55, 56, 57, 70, 71, 73, 74, 75, 76, 77, 58
6	66, 67, 68, 69, 80, 83, 78, 81, 82, 87, 88, 79, 89, 98, 99, 100
7	90, 91, 92, 93, 94, 95, 96, 97
8N	73, 72

CENSUS TRACT 2

Enumeration District	Blocks Included Therein
8P	57, 58
9	55, 56, 59, 60, 61, 63, 64, 65, 66, 67
10	19, 20, 21, 22, 23, 24, 25, 26, 53, 54, 62
12	18, 27

CENSUS TRACT 3

Enumeration District	Blocks Included Therein
14	1, 10, 23

CENSUS TRACT 4

Enumeration District	Blocks Included Therein
19	2, 4, 5, 6
20	1, 3, 13, 14, 15, 16, 17, 37, 38, 52
21	54
22	10

CENSUS TRACT 5

Enumeration District	Blocks Included Therein
24	1, 2, 3, 4, 5, 6, 7, 8, 9, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 55, 56, 61
25	10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 27, 24
26	46, 47, 48, 49, 50, 51, 52, 53, 54, 57, 58, 59, 60, 62, 63

APPENDIX A (Cont.)

CENSUS TRACT 8

Enumeration District and Blocks Included Therein

28N	34, 35, 36, 37, 38, 39, 40, 49, 50, 51, 52, 53
27	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 29, 30, 31, 32, 33, 54, 55, 56, 57, 58
28P	41, 42, 43, 44, 45, 46, 47, 48

CENSUS TRACT 24

Enumeration District and Blocks Included Therein

88N	7, 8, 9, 25 (A11)
87	16, 12, 13, 14, 15, 16, 2, 3, 4,5

Appendix B

Interview Schedule

NORTH NASHVILLE HEALTH STUDY

Center for Community Studies
George Peabody College
Nashville, Tennessee

Interviewer _____ Date of Interview _____

Address _____ Time of Interview _____

We are interested in finding out about the health problems which families have and what they do about them. I would like to ask you a few questions about your family. All information will be strictly confidential.

1.a) How many people, including yourself, are living in this household at the present time?

_____

2

b. What are the names of all other persons who live here and how are they related to the head of the household? (List in this order: head, spouse, unmarried children, married children and their families, other relatives, unrelated persons.) Any others? -- babies? relatives? roomers? in a hospital? away on business? on a visit?	Name Relationship HEAD
c. Race?	White ___ Negro ___ Other ___
d. Sex?	Male ___ Female ___
e. Age at last birthday?	Age ___ Under 1 year ___
f. Marital status?	___ Under 14 years ___ Married ___ Divorced ___ Widowed ___ Separated ___ Never married
g. Highest school grade completed?	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ None ___
h. Present activity?	___ Under 6 years ___ Working ___ Looking for work ___ Keeping house ___ Going to school ___ Something else: Specify _____ _____
i. Normal or usual occupation?	Under 16 ___ None ___ Occupation _____ 2 _____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
White ___ Negro ___ Other ___	White ___ Negro ___ Other ___	White ___ Negro ___ Other ___	White ___ Negro ___ Other ___
Male ___ Female ___	Male ___ Female ___	Male ___ Female ___	Male ___ Female ___
Age ___ Under 1 year ___	Age ___ Under 1 year ___	Age ___ Under 1 year ___	Age ___ Under 1 year ___
___ Under 14 years ___ Married ___ Divorced ___ Widowed ___ Separated ___ Never married	___ Under 14 years ___ Married ___ Divorced ___ Widowed ___ Separated ___ Never married	___ Under 14 years ___ Married ___ Divorced ___ Widowed ___ Separated ___ Never married	___ Under 14 years ___ Married ___ Divorced ___ Widowed ___ Separated ___ Never married
Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ None ___	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ None ___	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College:1 2 3 4 5+ None ___	Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College:1 2 3 4 5+ None ___
___ Under 6 years ___ Working ___ Looking for work ___ Keeping house ___ Going to school ___ Something else _____ _____	___ Under 6 years ___ Working ___ Looking for work ___ Keeping house ___ Going to school ___ Something else _____ _____	___ Under 6 years ___ Working ___ Looking for work ___ Keeping house ___ Going to school ___ Something else _____ _____	___ Under 6 years ___ Working ___ Looking for work ___ Keeping house ___ Going to school ___ Something else _____ _____
Under 16 ___ None ___ Occupation _____ _____	Under 16 ___ None ___ Occupation _____ _____	Under 16 ___ None ___ Occupation _____ _____	Under 16 ___ None ___ Occupation _____ _____

Name

Relationship
HEAD

2.a) Is anyone in the family sick today?

Yes ____ No ____

Don't know ____

What seems to be wrong?

_____

_____

_____

What seems to be causing it?

_____

_____

_____

What is being done about it?

_____

_____

_____

Are you paying for these services or treatments?

Yes ____ No ____

Don't know ____

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Don't know ___	Don't know ___	Don't know ___	Don't know ___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Don't know ___	Don't know ___	Don't know ___	Don't know ___
(If "No", explain) ___	(If "No", explain) ___	(If "No", explain) ___	(If "No", explain)___
_____	_____	_____	_____

Name

Relationship
HEAD

3.a) During the past two weeks, has anyone in the family been sick? (Who?)

Yes ___ No ___

Don't know ___

What seemed to be wrong?

_____

_____

_____

What seemed to be causing it?

_____

_____

_____

What was done about it?

_____

_____

_____

Did you pay for these services or treatments?

Yes ___ No ___

Don't know ___

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain)___	Yes ___ No ___ Don't know ___ (If "No", explain)___	Yes ___ No ___ Don't know ___ (If "No", explain) ___

	Name Relationship HEAD
b) During the past two weeks, has anyone in the family had an accident or injury? What happened? What was done about it? Did you pay for these services or treatments?	Yes ____ No ____ Don't know ____ _____ _____ _____ _____ _____ _____ Yes ____ No ____ Don't know ____ (If "No", explain) _____ _____
c) During the past two weeks, has anyone in the family taken any medicine or treatment for any illness other than those you have told me about? (Who?) What was the medicine or treatment? Why was it taken? Did you pay for these services or treatments?	Yes ____ No ____ Don't know ____ _____ _____ _____ _____ _____ _____ Yes ____ No ____ Don't know ____ (If "No", explain) _____ _____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___

Name

Relationship
HEAD

d) During the past two weeks, has anyone in the family talked to a doctor or gone to a doctor's office or clinic? (Who?)

Yes ___ No ___

Don't know ___

For what reason?

_____

_____

_____

Did you pay for these services or treatments?

Yes ___ No ___

Don't know ___

(If "No", explain) _____

_____

e) (If "No" to d) How long has it been since a doctor was consulted?

Months ___ Years ___

Never ____

For what reason?

_____

_____

_____

Did you pay for these services or treatments?

Yes ___ No ___

Don't know ___

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain)___	Yes ___ No ___ Don't know ___ (If "No", explain)___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain)___
Months ___ Years ___ Never ___	Months ___ Years ___ Never ___	Months ___ Years___ Never ___	Months ___ Years ___ Never ___
Yes ___ No ___ Don't know ___ (If "No", explain)___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___

Name

Relationship
HEAD

4. Has anyone in the family been ailing or feeling bad for a period of three months or longer, even though not bothered all the time? (Who?)

Yes ____ No ____

Don't know ____

What has been wrong?

_____

_____

_____

What seems to be causing it?

_____

_____

_____

What has been done about it?

_____

_____

_____

Did you pay for these services or treatments?

Yes ____ No ____

Don't know ____

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain)___

Name

Relationship

HEAD

5.a) During the past year, has anyone in the family had any illness or injury which kept him from his usual activities for a week or more? (Who?)

Yes ____ No ____

Don't know ____

What was wrong?

_____

_____

_____

What seemed to be causing it?

_____

_____

_____

What was done about it?

_____

_____

_____

Did you pay for these services or treatments?

Yes ____ No ____

Don't know ____

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___

Name

Relationship
HEAD

b) During the past year, has anyone in the family been a patient in a hospital overnight or longer? (Who?)

Yes ___ No ___

Don't know ___

What was wrong?

_____

_____

_____

What seemed to be causing it?

_____

_____

_____

Did you pay for these services or treatments?

Yes ___ No ___

Don't know ___

(If "No", explain) _____

_____

c) (If "Yes" to b) Any other times in the past twelve months?

Yes ___ No ___

Don't know ___

What was wrong?

_____

_____

_____

What seemed to be causing it?

_____

_____

_____

Did you pay for these services or treatments?

Yes ___ No ___

Don't know ___

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___

Name

Relationship
HEAD

d) During the past twelve months, has anyone in the family had an operation? (Who?)

Yes ____ No ____

Don't know _____

What was the operation?

_____

_____

Did you pay for these services or treatments?

Yes ____ No ____

Don't know ____

(If "No", explain) _____

_____

6.a) Is anyone in the family bothered by problems with their teeth or gums? (Who?)

Yes ____ No ____

Don't know ____

What is the problem?

_____

_____

What seems to be causing it?

_____

_____

_____

What is being done about it?

_____

_____

_____

Are you paying for these services or treatments?

Yes ____ No ____

Don't know ____

(If "No", explain) _____

_____

Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___
Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___	Yes ___ No ___ Don't know ___
Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No", explain) ___	Yes ___ No ___ Don't know ___ (If "No",explain) ___

b) During the past twelve months, has anyone in the family visited a dentist? (Who?)

Yes ____ No ____

Don't know ____

For what reason?

_____ Periodic check up

_____ Filling

_____ Extraction

_____ Dentures fitted

Other (SPECIFY)

_____

Did you pay for these services or treatments?

Yes ____ No ____

Don't know ____

(If "No", explain) _____

_____

2	3	4	5
Name	Name	Name	Name
Relationship	Relationship	Relationship	Relationship
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Don't know ___	Don't know ___	Don't know ___	Don't know ___
___ Periodic check up	___ Periodic check up	___ Periodic check up	___ Periodic check up
___ Filling	___ Filling	___ Filling	___ Filling
___ Extraction	___ Extraction	___ Extraction	___ Extraction
___ Dentures fitted	___ Dentures fitted	___ Dentures fitted	___ Dentures fitted
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
_____	_____	_____	_____
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Don't know ___	Don't know ___	Don't know ___	Don't know ___
(If "No", explain)___	(If "No,", explain) ___	(If "No", explain) ___	(If "No", explain) ___
_____	_____	_____	_____

7. When people are sick, they can get treatment of various types from a number of sources. How much do you depend upon each of the following types and how effective (how good) do you think each type is?

	DEPEND ON			EFFECTIVE		
	(1) Great deal	(2) Some	(3) Very Little	(1) Very	(2) Somewhat	(3) Not at all
a. Home remedies such as roots and herbs.						
b. Patent medicines and drugs that can be bought without a doctor's prescription.						
c. "Healers".						
d. Druggist.						
e. Public health nurses.						
f. Someone who massages, moves the bones, etc. (Chiropractor)						
g. Doctors.						
h. Hospitals.						

i. Are there any other sources? (SPECIFY)_____

_____

8. Where would you go if one of your children suddenly got very sick? _____

Are there other places you could go? Yes ___ No ___ Don't know ___

Where? _____ _____ _____

Why would you choose _____? _____

_____

9. Where is the best place to get advice on medicine? _____

10. Where is the best place to buy medicines? _____

11. People sometimes have problems getting medical help. Do you ever have trouble

a) with transportation? Yes ___ No ___

If "Yes", specify _____

b) waiting too long? Yes ___ No ___

If "Yes", specify _____

c) anything else? Yes ___ No ___

If "Yes", specify _____

12. Do you expect to be making more money, less money, or about the same money next year as this year?

More ___ Less ___ Same ___

Why do you think this? _____

_____

13. Is there anyone in this neighborhood that you think gets upset too easily, worries too much, moody, etc.?

Yes ___ No ___ Don't know ___

Do you think anything should be done about it?

Yes ___ No ___ Don't know ___

What? _____

Is there anyone in your family like this?

Yes ___ No ___ Don't know ___

(If "Yes") What is being done about it? _____

_____

14. Is there anyone in this neighborhood that you think "acts up", is "high tempered", "high strung", etc.?

Yes ___ No ___ Don't know ___

Do you think anything should be done about it?

Yes ___ No ___ Don't know ___

What? _____

Is there anyone in your family like this?

Yes ___ No ___ Don't know ___

(If "Yes") What is being done about it? _____

_____

---

15. Is there anyone in this neighborhood that you think has problems with learning (dull, slow, etc.)?

Yes ___ No ___ Don't know ___

Do you think anything should be done about it?

Yes ___ No ___ Don't know ___

Is there anyone in your family like this?

Yes ___ No ___ Don't know ___

(If "Yes") What is being done about it? _____

_____

---

16. Do you belong to a church? Yes ___ No ___

---

17. How often do you go to church?

___ Once a week or more

___ Two or three times a month

___ Once a month

___ Several times a year

___ Never or almost never

---

18. So far as you know, do the churches around here do anything to help people with their health problems?

Yes ____ No ____ Don't know ____

---

19. Is there a neighborhood or community center around here?

Yes ____ No ____ Don't know ____

(If "Yes") Do you ever go there? Yes ____ No ____

How often? _____

Does the neighborhood center offer any help for health problems?

Yes ____ No ____ Don't know ____

(If "Yes", explain) _____

_____

_____

Do you think they are effective (good)? Yes ____ No ____

Explain _____

_____

_____

_____

---

20. Does anyone in this family have a social worker?

Yes ____ No ____ Don't know ____

---

21. (If "Yes" to 19) From what agency? _____

---

22. (If "Yes" to 19) Does this agency offer any help with health problems?

Yes ____ No ____ Don't know ____

---

23. (If "Yes" to 22) Have you ever used this agency for help with a health problem?

Yes ___ No ___

(If "Yes") What was the problem? _____

Did you think they were effective (good)? Yes ___ No ___

(If "No", explain) _____

_____

24. Do you know of any public agencies run by city, county, or state around here where you can get help for health problems?

Yes ___ No ___

(If "Yes") What are they? _____

_____

Have you ever used any of these? Yes ___ No ___

How effective (how good) do you think each of these is? _____

_____

25. (Ask only if there are children under school age and if mother works.) Who takes care of the small children during the day? _____

26. Is there any kind of child care center around here? Yes ___ No ___ Don't know ___

(If "Yes") Have you ever used it? Yes ___ No ___

Appendix C

Code Manual

Code Manual

North Nashville Household Survey

For any item (or items) which are blank, unanswered or inappropriately answered, enter a code of - (minus).

Card & Column	Item and Categories		Code
1-1	Card Number One		1
1-2,3,4	Individual identification (Sequentially numbered individuals as coded)		001 002 003 etc.
1-5,6,7	Household identification (upper left hand corner-cover sheet)		Actual Number 001 002 003 etc.
1-8,9	1a. How many people, including yourself, are living in this household at the present time?		Actual Number 01 02 03 etc.
1-10,11	b. Person number in household		Actual Number 01 02 03 etc.
1-12	b. Relationship to head		
	Head		0
	Wife		1
	Son		2
	Daughter		3
	Other relative:	older generation	4
		same generation	5
		younger generation	6
	Roomer		7
	Hired help		8
	Other		9
1-13	c. Race		
	White		0
	Negro		1
	Other		2

1-14 d. Sex

Female	0
Male	1

1-15,16 e. Age (actual age last birthday)

Under 1 year	00
1 year old	01
2 years old	02
3 years old	03
	etc.

1-17 f. Marital status

Under 14 years	0
Married	1
Divorced	2
Widowed	3
Separated	4
Never married (single)	5

1-18,19 g. Highest school grade completed

None		00
Elementary:	1	01
	2	02
	3	03
	4	04
	5	05
	6	06
	7	07
	8	08
High:	1	09
	2	10
	3	11
	4	12
College:	1	13
	2	14
	3	15
	4	16
	5+	17

1-20 h. Present activity

Under 6 years	0
Working	1
Looking for work	2
Keeping house	3
Going to school	4
Something else:	
Retired	5
Disabled	6
	7
	8
Other	9

1-21 i. Normal or usual occupation

Professional, technical and kindred	1
Managerial, official, proprietors	2
Clerical, sales and kindred	3
Craftsmen and operatives	4
Service workers	5
Labor	6
Other	7
Under 16 and unemployed	8
Housewife	9

1-22,23 Head of household's education

1-24 Head of household's occupation

1-27 2a. Is (person) sick today and what seems to be wrong?

No	0
Yes	1
Don't know	2

1-30;32,33 If Yes:

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic, and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12
No particular disease or not specified	4	13
Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
Neoplasms	6	15
Mental, psychoneurotic and personality disorders	7	16
Accident, poisoning and violence	8	17
Other	9	18

1-36 What seems to be causing it?

Environment	
Weather	1
Smog	2
Social	3
Associated physical	
disease	4
disorder	5
Trauma	6
Food-beverage	7
Other	8
Unknown	9

1-39 What is being done about it?

Home remedy	0
Formal:	
Doctor, clinic, hospital	
consult; no treatment indicated	1
medication	2
surgery	3
hospitalized	4
other treatment	5
Semi-medical	6
Non-medical	7
Other	8
Nothing	9

1-42 Are you paying for these services or treatments?

No	0
Yes	1
Don't know	2

1-45;47,48 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

1-51 3a. During the past two weeks, has (person) been sick and what seemed to be wrong?

No	0
Yes	1
Don't know	2

1-54;56,57 If Yes:

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic, and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12

(continued on next page)

	No particular disease or not specified	4	13
	Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
	Neoplasms	6	15
	Mental, psychoneurotic and personality disorders	7	16
	Accident, poisoning and violence	8	17
	Other	9	18

1-60 What seemed to be causing it?

Environment	
Weather	1
Smog	2
Social	3
Associated physical	
disease	4
disorder	5
Trauma	6
Food-beverage	7
Other	8
Unknown	9

1-63 What was done about it?

Home remedy	0
Formal:	
Doctor, clinic, hospital	
consult; no treatment indicated	1
medication	2
surgery	3
hospitalized	4
other treatment	5
Semi-medical	6
Non-medical	7
Other	8
Nothing	9

1-66 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

1-69;71,72 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

2-1 Card Number Two 2

2-2 through 2-24 Repeat codes entered in Card One, 1-2 through 1-24.

2-27 b. During the past two weeks, has (person) had an accident or injury and what happened?

No	0
Yes	1
Don't know	2

2-30 If Yes:

Vehicle	1
Animal	2
Altercation	3
Home	4
Work	5
Other	6

2-33 What was done about it?

Home remedy	0
Formal:	
Doctor, clinic, hospital	
consult; no treatment indicated	1
medication	2
surgery	3
hospitalized	4
other treatment	5
Semi-medical	6
Non-medical	7
Other	8
Nothing	9

2-36 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

2-39;41,42 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

2-45 c. During the past two weeks, has (person) taken any medicine or treatment for any illness other than those you have told me about and what was it?

No	0
Yes	1
Don't know	2

2-48 If Yes:

Patent	1
Ethical	2
Other	3

2-51 Why was it taken?

Self-treatment	0
Prescribed	1
Other	2

2-54 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

2-57;59,60 If No:

Insurance	1 01
Medicare	2 02
Workman's compensation	3 03
Veteran's Administration	4 04
Charity	5 05
Medical charity	5 06
Welfare	6 07
Methodist Centenary	7 08
General Hospital	7 09
Hubbard Hospital	7 10
Vanderbilt Hospital	7 11
Other	8 12

3-1 Card Number Three 3

3-2 through 3-24 Repeat codes entered in Card One, 1-2 through 1-24.

3-27 d./e. How long has it been since a doctor was consulted?

Yes to (d.)	0
If No or Don't know:	
Less than 2 months	1
2 to 5 months	2
6 to 9 months	3
10 to 12 months	4
1 to 2 years	5
3 to 5 years	6
6 to 10 years	7
10 to 20 years	8
Over 20 years or never	9

3-30;32,33 For what reason?

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic, and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12
No particular disease or not specified	4	13
Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
Neoplasms	6	15
Mental, psychoneurotic and personality disorders	7	16
Accident, poisoning and violence	8	17
Other	9	18

3-36 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

3-39;41,42 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

3-45 4. Has (person) been ailing or feeling bad for a period of three months or longer, even though not bothered all the time and what has been wrong?

No	0
Yes	1
Don't know	2

3-48;50,51 If Yes:

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12
No particular disease or not specified	4	13
Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
Neoplasms	6	15
Mental, psychoneurotic and personality disorders	7	16
Accident, poisoning and violence	8	17
Other	9	18

3-54 What seems to be causing it?

Environment	
Weather	1
Smog	2
Social	3
Associated physical	
disease	4
disorder	5
Trauma	6
Food-beverage	7
Other	8
Unknown	9

3-57 What has been done about it?

Home remedy	0
Formal:	
Doctor, clinic, hospital	
consult; no treatment indicated	1
medication	2
surgery	3
hospitalized	4
other treatment	5
Semi-medical	6
Non-medical	7
Other	8
Nothing	9

3-60	Did you pay for these services or treatments?		
	No		0
	Yes		1
	Don't know		2
3-63	If No:		
	Insurance	1	01
	Medicare	2	02
	Workman's compensation	3	03
	Veteran's Administration	4	04
	Charity	5	05
	Medical charity	5	06
	Welfare	6	07
	Methodist Centenary	7	08
	General Hospital	7	09
	Hubbard Hospital	7	10
	Vanderbilt Hospital	7	11
	Other	8	12
4-1	Card Number Four		4
4-2 through 4-24	Repeat codes entered in Card One, 1-2 through 1-24.		
4-27	5a. During the past year, has (person) had any illness or injury which kept him from his usual activities for a week or more and what was wrong?		
	No		0
	Yes		1
	Don't know		2
4-30;32,33	If Yes:		
	Diseases of infancy and childhood	1	01
	Diseases and disorders of		
	a. skin and cellular tissue	2	02
	b. bones and organs of movement	2	03
	c. blood and blood forming organs	3	04
	d. nervous system and sense organs	3	05
	e. circulatory system	3	06
	f. respiratory system	3	07
	g. digestive system	3	08
	h. genito-urinary system	3	09
	Allergic, endocrine system, metabolic, and nutritional diseases	4	10
	Symptoms, senility and ill defined conditions	4	11
	Congenital malformations	4	12
	No particular disease or not specified	4	13
	Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
	Neoplasms	6	15
	Mental, psychoneurotic and personality disorders	7	16
	Accident, poisoning and violence	8	17
	Other	9	18

4-36 What seemed to be causing it?

Environment	
Weather	1
Smog	2
Social	3
Associated physical	
disease	4
disorder	5
Trauma	6
Food-beverage	7
Other	8
Unknown	9

4-39 What was done about it?

Home remedy	0
Formal:	
Doctor, clinic, hospital	
consult; no treatment indicated	1
medication	2
surgery	3
hospitalized	4
other treatment	5
Semi-medical	6
Non-medical	7
Other	8
Nothing	9

4-42 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

4-45;47,48 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

4-51 b. During the past year, has (person) been a patient in a hospital overnight or longer and what was wrong?

No	0
Yes	1
Don't know	2

4-54;56,57 If Yes:

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic, and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12
No particular disease or not specified	4	13
Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
Neoplasms	6	15
Mental, psychoneurotic and personality disorders	7	16
Accident, poisoning and violence	8	17
Other	9	18

4-60 What seemed to be causing it?

Environment	
Weather	1
Smog	2
Social	3
Associated physical	
disease	4
disorder	5
Trauma	6
Food-beverage	7
Other	8
Nothing	9

4-63 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

4-66;68,69 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

5-1 Card Number Five 5

5-2 through 5-24 Repeat codes entered on Card One, 1-2 through 1-24.

5-27 c. Any other times in the past twelve months, and what was wrong?

No	0
Yes	1
Don't know	2

5-30;32,33 If Yes:

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic, and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12
No particular disease or not specified	4	13
Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
Neoplasms	6	15
Mental, psychoneurotic and personality disorders	7	16
Accident, poisoning and violence	8	17
Other	9	18

5-36 What seemed to be causing it?

Environment	
Weather	1
Smog	2
Social	3
Associated physical	
disease	4
disorder	5
Trauma	6
Food-beverage	7
Other	8
Unknown	9

5-39 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

5-42;44,45 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

5-48 d. During the past twelve months, has (person) had an operation and what was the operation?

No	0
Yes	1
Don't know	2

5-51;53,54 If Yes:

Diseases of infancy and childhood	1	01
Diseases and disorders of		
a. skin and cellular tissue	2	02
b. bones and organs of movement	2	03
c. blood and blood forming organs	3	04
d. nervous system and sense organs	3	05
e. circulatory system	3	06
f. respiratory system	3	07
g. digestive system	3	08
h. genito-urinary system	3	09
Allergic, endocrine system, metabolic, and nutritional diseases	4	10
Symptoms, senility and ill defined conditions	4	11
Congenital malformations	4	12
No particular disease or not specified	4	13
Deliveries and complications of pregnancy, childbirth and the puerperium	5	14
Neoplasms	6	15
Mental, psychoneurotic and personality disorders	7	16
Accident, poisoning and violence	8	17
Other	9	18

5-57 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

5-60;62,63 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

6-1 Card Number Six 6

6-2 through 6-24 Repeat codes entered in Card One, 1-2 through 1-24.

6-27 6a. Is (person) bothered by problems with their teeth or gums and what is the problem?

No	0
Yes	1
Don't know	2

6-30 If Yes:

Teeth, ache	1	
decay	2	
not straight	3	
other	4	
Gums, infection	5	
other	6	
Dentures	7	
Other	8	

6-33 What seems to be causing it?

Constitution ("bad teeth", etc.)	0
Diet	1
Poor care	2
Dentures	3
Trauma	4
Other	5
Don't know and unknown	6

6-36 What is being done about it?

Home remedy		0
Formal: MD		1
DDS:	restoration	2
	orthodontics	3
	extraction	4
	dentures or denture corrections	5
	other	6
Other		7
Don't know		8

6-39 Are you paying for these services or treatments?

No	0
Yes	1
Don't know	2

6-42;44,45 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

6-48 b. During the past twelve months, has (person) visited a dentist and for what reason?

No	0
Yes	1
Don't know	2

6-51;53,54 If Yes:

check-up only	1	01
filling only	2	02
extraction only	3	03
dentures only	4	04
other only	5	05
check-up and filling	6	06
check-up and extraction	6	07
check-up and dentures	6	08
check-up and other	6	09
3 items checked including check-up	6	10
3 items checked without check-up	6	11
4 items checked including check-up	7	12
4 items checked without check-up	7	13
5 items checked	8	14
2 items checked	6	15

6-57 Did you pay for these services or treatments?

No	0
Yes	1
Don't know	2

6-60;62,63 If No:

Insurance	1	01
Medicare	2	02
Workman's compensation	3	03
Veteran's Administration	4	04
Charity	5	05
Medical charity	5	06
Welfare	6	07
Methodist Centenary	7	08
General Hospital	7	09
Hubbard Hospital	7	10
Vanderbilt Hospital	7	11
Other	8	12

7-1 Card Number Seven 7

7-2 through 7-24 Repeat codes entered for HEAD OF HOUSEHOLD, columns 1-2 through 1-24.

7-26,27 7a. Home remedies such as roots and herbs.

Depend on:

Great deal Effective: Very		11
Somewhat		12
Not at all		13
Blank		1-
Some Effective: Very		21
Somewhat		22
Not at all		23
Blank		2-
Very little Effective: Very		31
Somewhat		32
Not at all		33
Blank		3-
Blank Effective: Very		-1
Somewhat		-2
Not at all		-3
Blank		--

7-29,30 b. Patent medicines and drugs that can be bought without a doctor's prescription.

Depend on:

Great deal Effective: Very		11
Somewhat		12
Not at all		13
Blank		1-

Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-
Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-
Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-32,33 c. "Healers".

Depend on:
Great deal
Effective: Very 11
Somewhat 12
Not at all 13
Blank 1-
Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-
Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-
Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-35,36 d. Druggist.

Depend on:
Great deal
Effective: Very 11
Somewhat 12
Not at all 13
Blank 1-
Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-

Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-

Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-38,39 e. Public health nurses.

Depend on:
Great deal
Effective: Very 11
Somewhat 12
Not at all 13
Blank 1-

Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-

Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-

Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-41,42 f. Someone who massages, moves the bones, etc. (Chiropractor)

Depend on:
Great deal
Effective: Very 11
Somewhat 12
Not at all 13
Blank 1-

Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-

Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-

Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-44,45 g. Doctors.

Depend on:
Great deal
Effective: Very 11
Somewhat 12
Not at all 13
Blank 1-
Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-
Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-
Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-47,48 h. Hospitals.

Depend on:
Great deal
Effective: Very 11
Somewhat 12
Not at all 13
Blank 1-
Some
Effective: Very 21
Somewhat 22
Not at all 23
Blank 2-
Very little
Effective: Very 31
Somewhat 32
Not at all 33
Blank 3-
Blank
Effective: Very -1
Somewhat -2
Not at all -3
Blank --

7-51;53,54 8. Where would you go if one of your children suddenly got very sick?

"doctor"	1 01
Specified doctor	2 02
"hospital"	3 03
Baptist	4 04
General	4 05
Hubbard (Meharry)	4 06
Memorial	4 07
St. Thomas	4 08
Vanderbilt	4 09
Other	5 10
Don't know	6 11

7-57 Are there other places you could go, and where?

No	0
Yes	1
Don't know	2

7-60;63 If Yes:

"doctor"	1 1
Specified doctor	2 2
"hospital"	3 3
Baptist	4 4
General	4 5
Hubbard (Meharry)	4 6
Memorial	4 7
St. Thomas	4 8
Vanderbilt	4 9
Other	5 0

7-66 Why would you choose _____?

Convenience	1
Monetary	2
Familiarity	3
Competence	4
Personal ties	5

7-69 9. Where is the best place to get advice on medicine?

"doctor"	0
"drugstore" or "druggist"	1
"hospital"	2
specific doctor	3
specific drugstore (or druggist)	4
specific hospital	5
other	6
don't know	7

7-72 10. Where is the best place to buy medicine?

"drugstore"	0
"hospital"	1
specific drugstore	2
specific hospital	3
other	4
don't know	5

8-1 Card Number Eight 8

8-2 through 8-24 Repeat codes entered for HEAD OF HOUSEHOLD, columns 1-2 through 1-24.

8-27 11a. Do you ever have trouble with transportation?

No	0
Yes	1
Don't know	2

8-30 If Yes:

Money	1
Depend on ride from others	2
Poor public transportation	3
Distance	4
Other	5

8-33 11b. Do you ever have trouble waiting too long?

No	0
Yes	1
Don't know	2

8-36 If Yes:

Too many people	
at doctors	1
at hospitals	2
in general	3
Bad schedule	
at doctors	4
at hospitals	5
in general	6
Other	7

8-39 11c. Do you ever have trouble with anything else?

No	0
Yes	1
Don't know	2

8-42 If Yes:

Money	1
Scheduling	2
Distances	3
Care of children	4
Work	5
Other	6

8-45;47,48 12. Do you expect to be making more money, less money, or about the same money next year as this year and why do you think this?

More		
	Get regular raises	1 01
	Economy going up	1 02
	Better job	1 03
	Job	1 04
	Ability improve	1 05
	Other	1 06
Less		
	Will quit work	2 07
	Health bad	2 08
	Cut down on work	2 09
	Other	2 10
Same		
	Fixed assistance	3 11
	Fixed salary or wages	3 12
	General	3 13
	Other	3 14

8-51 13. Is there anyone in this neighborhood that you think gets upset too easily, worries too much, moody, etc.?

No	0
Yes	1
Don't know	2

8-54 Do you think anything should be done about it, and if so, what?

No	0
Yes	1
Don't know	2

8-57 If Yes:

Medication	1
Medical treatment (general)	2
Psychiatric care	3
Confined (hospital)	4
Confined (other)	5
Counseling	6
Other	7

8-60 Is there anyone in your family like this, and if so, what is being done about it?

No	0
Yes	1
Don't know	2

8-63 If Yes:

Nothing	1
Medication	2
Medical treatment (general)	3
Psychiatric care	4
Confined (hospital)	5
Confined (other)	6
Counseling	7
Other	8

8-66 14. Is there anyone in this neighborhood that you think "acts up", is "high tempered", "high strung", etc.?

No	0
Yes	1
Don't know	2

8-69 Do you think anything should be done about it, and if so, what?

No	0
Yes	1
Don't know	2

8-72 If Yes:

Medication	1
Medical treatment (general)	2
Psychiatric care	3
Confined (hospital)	4
Confined (other)	5
Counseling	6
Other	7

8-75 Is there anyone in your family like this, and if so, what is being done about it?

No	0
Yes	1
Don't know	2

8-78 If Yes:

Nothing	1
Medication	2
Medical treatment (general)	3
Psychiatric care	4
Confined (hospital)	5
Confined (other)	6
Counseling	7
Other	8

9-1	Card Number Nine	9
9-2 through 9-24	Repeat codes entered for HEAD OF HOUSEHOLD, columns 1-2 through 1-24.	
9-27	15. Is there anyone in this neighborhood that you think has problems with learning (dull, slow, etc.)?	
	No	0
	Yes	1
	Don't know	2
9-30	Do you think anything should be done about it?	
	No	0
	Yes	1
	Don't know	2
9-33	Is there anyone in you family like this, and if so, what is being done about it?	
	No	0
	Yes	1
	Don't know	2
9-36	If Yes:	
	Nothing	1
	Institutionalized	2
	Special school	3
	Special classes	4
	Extra training	5
	Other	6
9-39	16. Do you belong to a church?	
	No	0
	Yes	1
9-42	17. How often do you go to church?	
	Once a week or more	0
	Two or three times a month	1
	Once a month	2
	Several times a year	3
	Never or almost never	4
9-45	18. So far as you know, do the churches around here do anything to help people with their health problems?	
	No	0
	Yes	1
	Don't know	2

9-48 19. Is there a neighborhood or community center around here?

No	0
Yes	1
Don't know	2

9-51 Do you ever go there, and if so, how often?

No	0
Yes	1

9-54 If Yes:

Once a week or more	1
Two or three times a month	2
Once a month	3
Occasionally (or less than once a month)	4

9-57 Does the neighborhood center offer any help for health problems?

No	0
Yes	1
Don't know	2

9-60 If Yes:

Family planning	mentioned	1
	not mentioned	0
9-63 Immunization	mentioned	1
	not mentioned	0
9-66 General clinic	mentioned	1
	not mentioned	0
9-69 Education	mentioned	1
	not mentioned	0
9-72 Food & clothing	mentioned	1
	not mentioned	0
9-75 Other	mentioned	1
	not mentioned	0

9-78 Do you think they are effective (good)?

No	0
Yes	1

0-1 Card Number Zero 1

0-2 through 0-24 Repeat codes entered for HEAD OF HOUSEHOLD, columns 1-2 through 1-24.

0-27 20/ 21. Does anyone in this family have a social worker, and if so, from what agency?

No	0
Yes: Welfare	1
Old Age	2
Health Department	3
Other	4
Don't know	5

0-30 22. Does this agency offer any help with health problems?

No	0
Yes	1
Don't know	2

0-33 23. Have you ever used this agnecy for help with a health problem, and if so, what was the problem?

No	0
Yes	1

0-36 If Yes:

Medicines only (including shots)	1
Doctors, hospitals, etc.	2
All kinds of problems	3
Other	4

0-39 Did you think they were effective (good)?

No	0
Yes	1

0-42 24. Do you know of any public agencies run by city, county, or state around here where you can get help for health problems, and if so, what are they?

No	0
Yes	1

0-45 If Yes:

General Hospital	mentioned	1
	not mentioned	0
0-48 Methodist Centenary	mentioned	1
	not mentioned	0
0-51 Public Health Dept.	mentioned	1
	not mentioned	0
0-54 Veteran's Adm.	mentioned	1
	not mentioned	0
0-57 Hubbard Hospital	mentioned	1
	not mentioned	0
0-60 Vanderbilt Hospital	mentioned	1
	not mentioned	0
0-63 Other (appropriate)	mentioned	1
	not mentioned	0
0-66 Other (inappropriate)	mentioned	1
	not mentioned	0

0-69 Have you ever used any of these?

No	0
Yes	1

0-72 How effective (how good) do you think each of these is?

Negative	0
Neutral	1
Positive	2

0-75 25. Who takes care of the small children during the day?

Not asked	0
No one	1
Relative	2
Individual (non-relative)	3
Public agency	4
Private agency	5
Other	6

0-78 26. Is there any kind of child care center around here, and if so, have you ever used it?

No	0
Yes: If Yes, used:	
No	1
Yes	2
Don't know	3

Appendix D

Illness, Cause, Treatment by Age

Reported Illness by Age

Part I

Illness	Age 0-4 %	5-9 %	10-14 %	15-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70+ %
Diseases of Infancy and Childhood	20.40	10.71	10.00			1.72				
Diseases & Disorders of Skin, cellular tissue, bones & organs of movement	4.08		5.00	9.09	13.55	10.34	14.70	15.51	24.00	12.82
Major organs and systems	38.77	7.14	15.00	24.24	33.89	44.82	61.76	65.51	45.33	58.97
Allergies, congenital and other	34.69	78.57	50.00	48.48	20.33	13.79	14.70	12.06	21.33	25.64
Pregnancy & childbirth				3.03	16.94	8.62	2.94	1.72		
Mental, psychoneurotic & personality disorders					3.38				4.00	
Accident, poisoning & violence	2.04	3.57	20.00	12.12	8.47	18.96	2.94	5.17	5.33	2.56
Other				3.03	3.38	1.72	2.94			
N	49	28	20	33	59	58	34	58	75	39

Reported Illness by Age

Part II

Illness	Age 0-4 %	5-9 %	10-14 %	15-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70+ %	N
Diseases of Infancy and Childhood	62.50	18.75	12.50			6.25					16
Diseases & Disorders of Skin, cellular tissue, bones & organs of movement	3.50		1.75	5.26	14.03	10.52	8.77	15.78	31.57	8.77	57
Major organs and systems	9.79	1.03	1.54	4.12	10.30	13.40	10.82	19.58	17.52	11.85	194
Allergies, congenital and other	13.82	17.88	8.13	13.00	9.75	6.50	4.06	5.69	13.00	8.13	123
Pregnancy & childbirth				5.55	55.55	27.77	5.55	5.55			18
Mental, psychoneurotic & personality disorders					50.00				60.00		5
Accident, poisoning & violence	2.85	2.85	11.42	11.42	14.28	31.42	2.85	8.57	11.42	2.85	35
Other				20.00	40.00	20.00	20.00				5

Reported Cause by Age

Part I

Cause	Age 0-4 %	5-9 %	10-14 %	15-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70+ %
Weather	26.31	37.50	33.33	12.50	5.26	14.28	7.69		2.43	
Smog						4.76				9.52
Social - Communicable					5.26	4.76				
Disease	5.26		33.33	12.50					2.43	
Disorder	5.26			25.00	31.57	33.33	23.07	61.53	58.53	76.19
Trauma					5.26	9.52	15.38	3.84	17.07	
Food	5.26								2.43	
Other		12.50	33.33	25.00	26.31			3.84		
Unknown	57.89	50.00		25.00	26.31	33.33	53.84	30.76	17.07	14.28
N	19	8	3	8	19	21	13	26	41	21

Reported Cause by Age

Part II

Cause	Age 0-4 %	5-9 %	10-14 %	15-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70+ %	N
Weather	31.25	18.75	6.25	6.25	6.25	18.75	6.25		6.25		16
Smog						33.33				66.66	3
Social - Communicable					50.00	50.00					2
Disease	25.00		25.00	25.00					25.00		4
Disorder	1.33			2.66	8.00	9.33	4.00	21.33	32.00	21.33	75
Trauma					7.69	15.38	15.38	7.69	53.84		13
Food	50.00								50.00		2
Other		10.00	10.00	20.00	50.00			10.00			10
Unknown	20.37	7.40		3.70	9.25	12.96	12.96	14.81	12.96	5.55	54

Reported Treatment by Age

Part I

Treatment	Age 0-4 %	5-9 %	10-14 %	15-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70+ %
Home remedy	7.05	3.41	.76	2.77	1.44	2.72	3.88	.61	7.86	2.15
Doctor: no treatment	25.88	23.93	24.61	24.30	23.67	22.44	22.33	25.30	23.03	22.58
Medication	1.17		.76		.96	2.04	2.91	4.93	2.80	9.67
Surgery	21.76	23.93	24.61	23.61	22.70	23.80	22.33	22.22	21.34	21.50
Hospitalized	43.52	47.86	49.23	48.61	47.82	46.25	45.63	44.44	41.01	40.86
Other treatment						2.04	.97	.61	1.68	
Other				.69	.96					2.15
Nothing	.58	.85			2.41	.68	1.94	1.85	2.24	1.07
N	170	117	130	144	207	147	103	162	178	93

Reported Treatment by Age

Part II

Treatment	Age 0-4 %	5-9 %	10-14 %	15-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70+ %	N
Home remedy	24.48	8.16	2.04	8.16	6.12	8.16	8.16	2.04	28.57	4.08	49
Doctor: no treatment	12.68	8.06	9.22	10.08	14.12	9.51	6.62	11.81	11.81	6.05	347
Medication	6.06		3.03		6.06	9.09	9.09	24.24	15.15	27.27	33
Surgery	11.21	8.48	9.69	10.30	14.24	10.60	6.96	10.90	11.51	6.06	330
Hospitalized	11.19	8.47	9.68	10.59	14.97	10.28	7.11	10.89	11.04	5.74	661
Other treatment						37.50	12.50	12.50	37.50		8
Other				20.00	40.00					40.00	5
Nothing	5.55	5.55			27.77	5.55	11.11	16.66	22.22	5.55	18